

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101598285

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

AS FILED

AFTER
1ST AMENDMENT

AS FILED

AFTER
1ST AMENDMENT

IND.

DEP.

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS